

APPLICATION FOR DEMOLITION PERMIT:

(ONE APPLICATION MUST BE FILED FOR EACH BUILDING OR STRUCTURE TO BE DEMOLISHED)



(If in Historical District, File Separate application for Planning Commission approval)

PLANNING DEPARTMENT
Market St. Troy, OH 45373
Phone (937)339-9481, Fax (937)339-9341
www.troyohio.gov

Rev 2/8/06

| | | | | |
|-----------------------|---|------------|---|--|
| 1 LOCATION OF PROJECT | Project Address | | Zip Code | Lot No(s) |
| | Name of Job | | Type of Bldg/Structure (Ex: Home, Garage, Shed, Etc.) | |
| 2 REQD INFO | Names (Please <u>Print</u>) | | Mailing Addresses – Street, City, Zip Code | Phone (Day time) |
| | Applicant | | | |
| | Contractor | | | |
| | Bldg Owner | | | |
| 3 | Subdivision | 4 Lot size | 5 Is work within the 100 Yr Flood Plain? _____ If yes, is work within the Floodway _____ | |
| 6 | Are there easements or land restrictions on the property? _____ If yes, explain: | | | 6A Is this structure within the Historic District? _____ |
| 7 | What was the building last used for? | | | 8 If applicable, will the floor slab be removed? |
| 8 | Describe Nature of Work: | | | |

ATTENTION

SUBMISSION OF UTILITY RELEASE FORMS ARE REQUIRED PRIOR TO ISSUANCE OF PERMIT AND COMMENCEMENT OF WORK....

↑ Gas/Electric Release Form Received _____ ↑ Water/Sewer Release Form Received _____

| | | | | |
|--|--------------------------------------|--|--|------------|
| 10 OCCUPANCY CLASS (Check ONLY ONE) | | | OFFICE USE ONLY | |
| ↑ | 1-Family Residential Building | ↑ | 3,4 ,5 or More Family Residential Bldg | |
| ↑ | 2-Family Residential Building | Specify No. of Housing Units _____ | | |
| | ↑ All other buildings and structures | | | |
| 11 | Maximum Number of Stories | | Permit Fees | Due |
| 12 | Floors Involved in Work | Figure Total Square Feet of Each Floor | Demolition of Structure: \$10 Plus \$4 per 1000 sf. (Max of \$75.00) | |
| A | Basement: | | TTL Amount Due | |
| B | First Floor | | TTL Amt Paid | |
| C | 2,3,4,5,6 (Circle One) | | Receipt No. | Date |
| D | Additional Floors | | | |
| E | Total Sq. Ft. A+B+C+D | | | |
| Sign your Full Name: _____ Address: _____ Phone _____ Date _____ | | | By signing this application, this allows a representative of the City of Troy to enter the property for inspection purposes. | |
| APPROVAL CONTINGENT UPON THE FOLLOWING: | | | | |
| PERMIT ISSUED BY: | | | | |
| REFER TO PERMIT NO. | | DATE: | | |
| _____ | | _____ | | |

CITY OF TROY, OHIO, PLANNING DEPARTMENT



100 S. Market St.
Troy OH 45373

Phone: 937-339-9481
Fax: 937-339-9341

UTILITY RELEASE FORM

PROPERTY DESCRIPTION:

Before the above property can be demolished, the Utilities Company that serves this structure must confirm that their respective service connections and appurtenant equipment, such as meters and regulators have been removed or sealed and plugged in a safe manner at this address.

1. ELECTRIC – DP&L Representative: _____
(signature)
Date disconnected: _____ Utility Co. Phone No: _____
2. GAS – Vectren Company Representative: _____
(signature)
Date disconnected: _____ Utility Co. Phone No: _____
3. WATER – City of Troy B&C Rep.: _____
(signature)
Date ordered: _____ B&C Dept. Phone No: 937-335-4151
Date disconnected: _____
4. SEWER – City of Troy Engineering Dept. Rep.: _____
(signature)
Date disconnected: _____ Engineering Dept Phone: 937-339-2641

NOTE: An Asbestos survey may also be necessary. Contact Regional Air Pollution Control Agency (RAPCA) at 937-225-5947 for details and forms.

NOTICE: This Utility Release Form must be completed and returned to the Planning & Development Department before a Demolition Permit can be issued.

This form may be duplicated and faxed copies are accepted.